

Appendix 24

Jungle Bar



APPLICATION FOR THE REGISTRATION OF A FOOD BUSINESS ESTABLISHMENT

(Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs, Article 6(2))

This form should be completed by food business operators in respect of new food business establishments and submitted to the relevant food authority 28 days before commencing food operations. On the basis of the activities carried out, certain food business establishments are required to be approved rather than registered. If you are unsure whether any aspect of your food operations would require your establishment to be approved, please contact Sunderland City Council for guidance.

1. Address of establishment 20 Vine Place.

(or address at which moveable establishment is kept)

SUNDERLAND

Post code SR1 3NA

2. Name of food business Jungle bar
(trading name)

Telephone no. [REDACTED]

3. Full Name of food business operator(s) Stanley Johnston
(or Limited Company where relevant)

4. Food business operator date of birth(s) [REDACTED]
(if sole trader or partnership)

5. Registered company number 12529607
(if applicable)

6. Address of food business operator 20 Vine Place. SUNDERLAND.
(where different from address of establishment)

Post code SR1 3NA

7. Type of food business (Please tick ALL the boxes that apply):

Staff restaurant/canteen/kitchen
Retailer (including farm shop)
Restaurant/café/snack bar
Market/Market stall
Takeaway
Hotel/pub/guest house
Private house used for a food business
Wholesale/cash and carry
Food Broker

<input type="checkbox"/> Hospital/residential home/school	<input type="checkbox"/>
<input type="checkbox"/> Distribution/warehousing	<input type="checkbox"/>
<input type="checkbox"/> Food manufacturing/processing	<input type="checkbox"/>
<input type="checkbox"/> Importer	<input type="checkbox"/>
<input type="checkbox"/> Catering	<input type="checkbox"/>
<input checked="" type="checkbox"/> Packer	<input type="checkbox"/>
<input type="checkbox"/> Moveable establishment e.g. ice cream van	<input type="checkbox"/>
<input type="checkbox"/> Primary producer - livestock	<input type="checkbox"/>
<input type="checkbox"/> Primary producer - arable	<input type="checkbox"/>

Other (please give details):

Continued overleaf

8. If this is a new business, the date you intend to open MAY 2021

9. Intended opening days and times 10.00 - 04.00

10. Intended preparation times _____
(if different from opening times)

Signature of food business operator  Date 14/5/21

Name Stanley Johnston
(BLOCK CAPITALS)

Contact number  Email 

AFTER THIS FORM HAS BEEN SUBMITTED, FOOD BUSINESS OPERATORS MUST NOTIFY ANY SIGNIFICANT CHANGE IN ACTIVITIES TO THE ACTIVITIES STATED ABOVE (INCLUDING CLOSURE) TO THE FOOD AUTHORITY AND SHOULD DO SO WITHIN 28 DAYS OF THE CHANGE(S) HAPPENING.

Please complete and send to:-

Environmental Health Food Safety Team
Sunderland City Council
Jack Crawford House
Commercial Road
Sunderland
SR2 8QR

Further advice and/or information is available by telephoning 0191 520 5555 or e-mailing public.health@sunderland.gov.uk

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share the information with other bodies responsible for auditing or administering public funds for these purposes.